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Filing

PTO/SB/01 (12-97)

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Attorney Docket Number ZE019US **DECLARATION FOR UTILITY OR** Kia Silverbrook First Named Inventor **DESIGN** COMPLETE IF KNOWN **PATENT APPLICATION** (37 CFR 1.63) **Application Number** Filing Date ■ Declaration Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) Submitted Group Art Unit with Initial

Examiner Name

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
l believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
PRINTHEAD ASSEMBLY INCORPORATING AN ELASTOMERIC FEED										
MEMBER										
the specification of which (Title of the Invention) is attached hereto OR										
was filed on (MM/D	as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have r	eviewed and understand the	contents of the above identi		, , ,						
amended by any amendme	ent specifically referred to abo	ove.	•							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
PR3996	Australia	March 27, 2001								
Certified copies are not 10/102,700 filed on Mar	submitted as this is a Cor th 22, 2002	tinuation of								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit	under 35 U.S.C. 119(e) of an	y United States provisional								
	under 35 U.S.C. 119(e) of an		application(s) lis Addition number supple							

[Page 1 of 2]

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Australia

Country

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box -

Post Office Address

City

Balmain

Additional inventors are being named on the

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DECLARATION – Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Patent Number Parent Filing Date** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number Place Customer Number Bar Code OR Registered practitioner(s) name/registration number listed below I abel bere Registration Registration Name Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X Customer Number OR Correspondence address below 24011 or Bar Code Label Kia Silverbrook Name Silverbrook Research Pty Ltd Address 393 Darling Street **Address** 2041 NSW Balmain City State Telephone 61-2-9818-6633 Australia 61-2-9555-7762 Country Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname **SILVERBROOK** KIA November inventor's Date 25, 2003 Signature Balmain NSW Australian Australia Residence: City Country Citizenship 393 Darling Street **Post Office Address**

2041

NSW

ZE019US

Please type a plus sign (+) inside this box — X

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1__ of ___ 1

		_							
Name of Additional Joint Inventor, if an		☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]))		Family Name or Surname						
Tobin Allen			KING						
Inventor's Signature		DateNovember 25, 2							
Residence: City Balmain	State NS	w	_{Country} Australia		Citizenship Australian				
Mailing Address 393 Darling Street									
Mailing Address									
City Balmain	State NSW	,	ZIP 2041 Cou		ntry Australia				
Name of Additional Joint Inventor, if an	ıy:		A petition has been file	ed for th	is unsigned inventor				
Given Name (first and middle [if any]))		Family Na	me or S	Surname				
					·				
Inventor' s Signature		Date							
Residence: City	State		Country	Citizenship					
Mailing Address									
Mailing Address									
City	State		ZIP Co		ountry				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])			Family Name or Surname						
Inventor's Signature					Date				
Residence: City State			Country		Citizenship				
Mailing Address									
Mailing Address									
City	State		ZIP	C	ountry				

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